



## Pierce County Junior Wrestling League and City of Auburn, Parks, Arts and Recreation Medical Waiver

Wrestler's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_ Drug sensitivities: \_\_\_\_\_

Is child presently on medication? **Yes No** List Medications: \_\_\_\_\_

Notes: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Name of Insured Person \_\_\_\_\_ Insurance Company \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Email \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Cell phone (emergency): ( ) \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Email \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Cell phone (emergency): ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Cell phone (emergency): ( ) \_\_\_\_\_

### HOLD HARMLESS AND INDEMNITY AGREEMENT

I (we) am/are the parent(s) or legal guardian of \_\_\_\_\_ who desires to be a participant in the City of Auburn's sponsored recreational activity of Youth Wrestling. It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City of Auburn allowing my child to participate in this sponsored activity and/or use of Auburn's facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City of Auburn facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Auburn, its officials, employees, volunteers and agents and agree to waive any right of recovery that I(we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I grant the City of Auburn the right and permission to use or copyright, and re-use, publish, or re-publish photographic pictures, video, electronic images or other reproduction taken during classes for publicity purposes by the Auburn Parks, Arts & Recreation Department.

I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described above.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENTAL INSTRUCTIONS CONCERNING MEDICAL TREATMENT

Please read the 2 statements below and **sign ONLY the 1** that you choose.

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are done on my child unless immediate treatment is necessary to save my child's life or to prevent permanent damage. **I accept responsibility for all costs related to such treatments.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

2. If my child needs medical treatment while participating, it is my wish that treatment begin while efforts are being made to contact me. **I accept responsibility for all costs related to such treatments.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_